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PART B - FEE(S) TRANSMITTAL

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Elaine Willig

December

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12/20/2005 TBESHAH2 00000005 070865 10617595

01 FC:1501 02 FC:1504 1400.00 DA

300.00 DA

FIRST NAMED INVENTOR

19, 2005 ATTORNEY DOCKET NO.

CONFIRMATION NO.

APPLICATION NO. 10/617,595

FILING DATE 07/11/2003

Friedrich Pever!

132285

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TITLE OF INVENTION: APPARATUS AND METHOD FOR FORMING PANELS FROM MOLDABLE MATERIAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATI	PUBLICATION FEE		(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$1700		. 02/28/2006
EXAMINER		ART UNIT	CLASS-SUE	CLASS-SUBCLASS			•
DAVIS, R	OBERTB	1722	264-316	264-316000			
FR 1.363). Change of correspond Address form PTO/SB/1 Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN General Ele	ectric Compa	Correspondence (1) or (2) reg e of a Customer (2) reg e of a Customer (3) reg e of a Customer (3) reg e of a Customer (4) reg e of a Customer (5) RES (6) RES	will appear on the patent botitute for filing an assig SIDENCE: (CITY and SI SChenec	ingistered pater ing (having as a it) and the name is or agents. If teed. If an assign gnment. TATE OR COU	member a es of up to no name is es identified	Hasse John below, the d	& Nesbitt L B. Woodard locument has been filed for
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Iss ablication Fee (if required) ords of the United States Pat	s) 37 CFR 1.27.	. Applicant is no longer of	taiming SMA	LL ENTITY sta	itus. See 37 C	FR 1.27(g)(2).
Authorized Signature	Smuld 2	En Hars	_و_	Date	Decemb	e r 1 9,	2005
Typed or printed name _	Donald E. Ha	sse			No. 29,		
his collection of informati n application. Confidential ubmitting the completed a him form and/or suggestion 3ox 1450, Alexandria, Virginia 22313 Alexandria, Virginia 22313	on is required by 37 CFR 1.5 tity is governed by 35 U.S.C pplication form to the USP 3 for reducing this burden, s gima 22313-1450. DO NOT -1450.	11. The information is not a 122 and 37 CFR 1.14. O. Time will vary dependent to the Chiesen FERS OR COMP	equired to obtain or retain This collection is estimated ading upon the individus of Information Officer, U PLETED FORMS TO The	a benefit by to ded to take 12 dease. Any construction and HIS ADDRESS	he public which minutes to com- mments on the Trademark Off S. SEND TO: C	is to file (an plete, includin amount of ti ice, U.S. Dep commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete sertment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

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PHONE: (571) 272-4200

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1. Part B - Fee(s) Transmittal (1 page/w copy)

2. Fee Transmittal (1 page)

Application No.:

10/617,595

Filed:

07/11/2003

Inventor:

Peyerl et al.

Attorney Docket No.:

132285

COMMENTS:

DEC. 1 9 2005

A 14000

Dec

PTO/SB/17 (12-04v2)

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PADEMAN Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

RANSM For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

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1,700.00 TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check all that apply)

Complete if Known					
Application Number	10/617,595	:			
Filing Date	07/11/2003				
First Named Inventor	Peyerl et al.				
Examiner Name	DAVIS, Robert B.				
Art Unit	1722				
Attorney Docket No.	132285				

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		rees Small Entity		Small Entity	<u> </u>	Small Entity	D D. 1-1 (A)	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity	
Fee Description					:	<u>Fee (\$)</u> 50	Fee (\$) 25	
Each claim over 20 (including Reissues)						200	100	
Each independent claim over 3 (including Reissues)						360	180	
	Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)					• • •	pendent Claims	
Total Claims Extra Claims Fee (\$) Fee Pal				aiu (\$)	:	Fee (\$)	Fee Paid (\$)	
HP = highest number of tot						1.44.147	<u> </u>	
<u>Indep, Claims</u>	Extra Ciali		Fee P	<u>aid (\$)</u>	: .			
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Non-English Specif	ication, \$	130 fee (no sm	all entity di	scount)				
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SUBMITTED BY			1				
Signature	2/18 June	Registration (Attorney/Age	No. 33,582	Telephone 513-243-5955			
Name (Print/Type)	William Scott Andes			Date	Dec.	19,	2005

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